

Revision: HCFA-PM-94-5
APRIL 1994

(MB)

State: MINNESOTA

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

3.1 Amount, Duration, and Scope of Services

42 CFR
Part 440, Subpart B,
1902(a), 1902(e),
1905(a), 1905(p),
1915, 1920, and 1925
of the Act

- (a) Medicaid is provided in accordance with the requirements of 42 CFR Part 400, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A) and
1905(a) of the Act

- (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of the mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

— Not applicable. Nurse-midwives are not authorized to practice in this State.

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OMB No.: 0938-

State: MINNESOTA

<u>Citation</u>	3.1(a)(1)	<u>Amount, Duration, and Scope of Services:</u> <u>Categorically Needy (continued)</u>
1902(e)(5) of the Act	(iii)	Pregnancy-related, including family family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.
	<u>x</u> (iv)	Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.
1902(a)(10)(F)(VII) of the Act	(v)	Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provisions of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

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Supersedes
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190

Revision: HCFA-PM 92-7 (MB)
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State: MINNESOTA

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:
Categorically Needy (Continued)

- 1902(a)(10)(D) (vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.
- 1902(e)(7) of the Act (vii) Inpatient services that are being furnished to infants and children described in section 1902(1)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.
- 1902(e)(9) of the Act — (viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
- 1902(a)(52) and 1925 of the Act (ix) Services are provided to families eligible under §1925 of the Act as indicated in item 3.5 of this plan.
- 1905(a)(23) and 1929 of the Act — (x) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.
- 1905(a)(26) and 1934 of the Act — (xi) Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 5 to Attachment 3.1-A.

ATTACHMENT 3.1 A identifies the medical and remedial services provided to the categorically needy, specified all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

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TN No. 92-37

Approval Date MAY 13 1998 Effective Date 01/01/98

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State/Territory: MINNESOTA

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, (a)(2) Medically needy.
Subpart B

/X/ This State plan covers the medically needy.
The services described below and in ATTACHMENT
3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv)
of the Act

42 CFR 440.220

- 42 CFR 440.140 and 440.160*
- (i) If services in an institution for mental diseases or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

/ Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of
the Act

- (ii) Prenatal care and delivery services for pregnant women.

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TN No. 87-37 (86-118)

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August 1991

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State: MINNESOTA

Citation 3.1(a)(2) Amount, Duration, and Scope of Services:
Medically Needy (continued)

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

x (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

— Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

1902(a)(10)(D) of the Act (vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140, x 440.150, 440.160, (vii) Services in an institution for mental diseases for individuals over age 65.
42 CFR 440,

Subpart B; x (viii) Services in an intermediate care facility for the mentally retarded.
1902(a)(10)(C) and (21)

of the Act x (ix) Inpatient psychiatric services for individuals under age 21.

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TN No. 91-28

JUN 02 1998

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20b

Revision: HCFA-PM-93-5 (MR)
MAY 1993

STATE: MINNESOTA

Citation 3.1(a)(2) Amount, Duration, and Scope of Services:
Medically Needy (Continued)

- | | | |
|-------------------------------------|---------|--|
| 1902(e)(9) of
the Act | — (x) | Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan. |
| 1905(a)(23) and
1929 of the Act | — (xi) | Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A. |
| 1905(a)(26) and
1934 of the Act. | — (xii) | Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 5 to Attachment 3.1-B. |

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 98-12
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TN No. 94-01

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APRIL 1998

State: Minnesota

Citation	3.1 <u>Amount, Duration, and Scope of Services</u> (continued)
1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act	(a)(3) <u>Other Required Special Groups: Qualified Medicare Beneficiaries</u> Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.
1902(a)(10)(E)(ii) and 1905(s) of the Act	(a)(4) (i) <u>Other Required Special Groups: Qualified Disabled and Working Individuals</u> Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.
1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act	(ii) <u>Other Required Special Groups: Specified Low-Income Medicare Beneficiaries</u> Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.
1902(a)(10)(E)(iv)(I) 1905(p)(3)(A)(ii), and 1933 of the Act	(iii) <u>Other Required Special Groups: Qualifying Individuals - 1</u> Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.
1902(a)(10)(E)(iv)(II), 1905(p)(3)(A)(iv)(II), 1905(p)(3) the Act	(iv) <u>Other Required Special Groups: Qualifying Individuals - 2</u> The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(A)(10)(E)(iv)(II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.
1925 of the Act	(a)(5) <u>Other Required Special Groups: Families Receiving Extended Medicaid Benefits</u> Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

TN No. 98-18
Supersedes
TN No. 93-08

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SEP 17 1998

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AUGUST 1991

QMB No.: 0938

State: Minnesota

Citation

1902(a) and 1903(v)
of the Act and
Section 401(b)(1)(A)
of P. L. 104-193

(a)(6) Limited Coverage for Certain Aliens

- (i) An alien who is not a qualified alien or who is a qualified alien, as defined in section 431(b) of P. L. 104-193, but is not eligible for Medicaid based on alienage status, and who would otherwise qualify for Medicaid is provided Medicaid only for the treatment of emergency medical conditions (including labor and delivery as defined in section 1903(v) of the Act.

TN No. 98-18

Supersedes

TN No. 96-31

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21b

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State/Territory: MINNESOTA

Citation 3.1(a)(6) Amount, Duration, and Scope of Services:
Limited Coverage for Certain Aliens
(continued)

1902(a) and 1903(v) (iii) Aliens who are not lawfully admitted for
of the Act permanent residence or otherwise permanently
residing in the United States under color of
law who meet the eligibility conditions under
this plan, except for the requirement for
receipt of AFDC, SSI, or a State supplementary
payment, are provided Medicaid only for care
and services necessary for the treatment of an
emergency medical condition (including
emergency labor and delivery) as defined in
section 1903(v)(3) of the Act.

1905(a)(9) of (a)(7) Homeless Individuals.
the Act

Clinic services furnished to eligible
individuals who do not reside in a permanent
dwelling or do not have a fixed home or
mailing address are provided without
restrictions regarding the site at which the
services are furnished.

1902(a)(47)
and 1920 of
the Act

✓

(a)(8)

PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN
Ambulatory prenatal care for pregnant
women is provided during a presumptive
eligibility period if the care is furnished by
a provider that is eligible for payment under
the State plan.

42 CFR 441.55
50 FR 43654
1902(a)(43),
1905(a)(4)(B),
and 1905(r) of
the Act

(a)(9)

EPSDT Services.

The Medicaid agency meets the requirements of
sections 1902(a)(43), 1905(a)(4)(B), and
1905(r) of the Act with respect to early and
periodic screening, diagnostic, and treatment
(EPSDT) services.

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Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services
(continued)

42 CFR 441.60

/X/

The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.

EPSDT providers must be certified under State rule. Methods employed to assure the providers' compliance with their agreements are the same as those used for providers' compliance of other Medical Assistance services. In addition, as required under federal quality assurance provisions for HMO contracts, an independent, contracted audit is performed on randomly selected charts for all Medical Assistance-enrolled children in managed care. Each chart is reviewed for adequacy of provision of well-baby and well-childcare, using the American Academy of Pediatrics standards, for three age groupings: 0-12 months; 1-4 years and 5-11 years. Immunization status, hearing and vision checks are among the specific items reviewed. Results are compared to national norms.

42 CFR 440.240 (a)(10)
and 440.250

Comparability of Services

1902(a) and 1902
(a)(10), 1902(a)(52),
1903(v), 1915(g), and
1925(b)(4) of the Act

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- /X/ (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.